

		FOR OFF USE					

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: <u>0004861</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>Elston Nursing & Rehab Centre</u>		<p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/01/2005</u> to <u>12/31/2005</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>	
Address: <u>4340 North Keystone</u> <u>Chicago</u> <u>60641</u>			
Number City Zip Code			
County: <u>Cook</u>			
Telephone Number: <u>(773) 545-8700</u> Fax # <u>(773) 545-9444</u>			
IDPA ID Number: <u>362493517001</u>			
Date of Initial License for Current Owners: <u>1/01/1971</u>			
Type of Ownership:			
<input type="checkbox"/> VOLUNTARY, NON-PROFIT		<input checked="" type="checkbox"/> PROPRIETARY	
<input type="checkbox"/> Charitable Corp.		<input type="checkbox"/> Individual	
<input type="checkbox"/> Trust		<input type="checkbox"/> Partnership	
IRS Exemption Code <u> </u>		<input type="checkbox"/> Corporation	
		<input checked="" type="checkbox"/> "Sub-S" Corp.	
		<input type="checkbox"/> Limited Liability Co.	
		<input type="checkbox"/> Trust	
		<input type="checkbox"/> Other <u> </u>	
In the event there are further questions about this report, please contact:			
Name: <u>Charles J. Fischer</u>		Telephone Number: <u>(312) 634-4580</u>	
Please send copies of any audit adjustments to address above.			

SEE ACCOUNTANTS' COMPILATION REPORT

Officer or Administrator of Provider	(Signed) _____
	(Type or Print Name) _____
	(Title) _____
Paid Preparer	(Signed) _____
	(Date) _____
	(Print Name and Title) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>
	(Firm Name & Address) <u>Altschuler, Melvoin and Glasser LLP</u> <u>One S. Wacker Drive, Suite 800, Chicago IL 60606-3392</u>
	(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u>
MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	

Facility Name & ID Number Elston Nursing & Rehab Centre

0004861 Report Period Beginning: 1/01/2005 Ending: 12/31/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>84</u>	Skilled (SNF)	<u>84</u>	<u>30,660</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>33</u>	Intermediate (ICF)	<u>33</u>	<u>12,045</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>117</u>	TOTALS	<u>117</u>	<u>42,705</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>9,250</u>	<u>689</u>	<u>4,376</u>	<u>14,315</u>	8
9	SNF/PED					9
10	ICF	<u>24,507</u>	<u>1,623</u>		<u>26,130</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>33,757</u>	<u>2,312</u>	<u>4,376</u>	<u>40,445</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.71%

D. How many bed-hold days during this year were paid by the Department? 457 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 1/01/71

J. Was the facility purchased or leased after January 1, 1978?
YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 32 and days of care provided 4,278

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☐ NO ☒

Tax Year: 10/31/05 Fiscal Year: 12/31/05

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Elston Nursing & Rehab Centre # 0004861 Report Period Beginning: 1/01/2005 Ending: 12/31/2005

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	190,045	25,098	16,000	231,143		231,143		231,143			1
2	Food Purchase		286,869		286,869	(13,737)	273,132	(31,832)	241,300			2
3	Housekeeping	92,732	34,573		127,305		127,305		127,305			3
4	Laundry	44,802	5,280	7,418	57,500		57,500		57,500			4
5	Heat and Other Utilities			62,116	62,116		62,116	2,605	64,721			5
6	Maintenance	48,007	18,183	33,700	99,890		99,890	4,230	104,120			6
7	Other (specify):* Allocated Employee Benefits							353	353			7
8	TOTAL General Services	375,586	370,003	119,234	864,823	(13,737)	851,086	(24,644)	826,442			8
	B. Health Care and Programs											
9	Medical Director			20,400	20,400		20,400		20,400			9
10	Nursing and Medical Records	1,573,040	161,829	4,985	1,739,854		1,739,854	(41,082)	1,698,772			10
10a	Therapy		728	240,933	241,661		241,661	(76,356)	165,305			10a
11	Activities	58,668	4,716	2,280	65,664		65,664		65,664			11
12	Social Services	25,948		6,251	32,199		32,199		32,199			12
13	CNA Training											13
14	Program Transportation			1,450	1,450		1,450		1,450			14
15	Other (specify):* Allocated Employee Benefits							16,789	16,789			15
16	TOTAL Health Care and Programs	1,657,656	167,273	276,299	2,101,228		2,101,228	(100,649)	2,000,579			16
	C. General Administration											
17	Administrative	103,163		300,000	403,163		403,163	(238,908)	164,255			17
18	Directors Fees											18
19	Professional Services			48,009	48,009		48,009	(1,926)	46,083			19
20	Dues, Fees, Subscriptions & Promotions			18,356	18,356	320	18,676	15,896	34,572			20
21	Clerical & General Office Expenses	72,828	53,887	20,483	147,198	(320)	146,878	210,986	357,864			21
22	Employee Benefits & Payroll Taxes			374,097	374,097	13,737	387,834		387,834			22
23	Inservice Training & Education			1,485	1,485		1,485	994	2,479			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation			15,038	15,038	(9,165)	5,873	2,435	8,308			25
26	Insurance-Prop.Liab.Malpractice			156,133	156,133		156,133	1,468	157,601			26
27	Other (specify):* Allocated Employee Benefits							39,246	39,246			27
28	TOTAL General Administration	175,991	53,887	933,601	1,163,479	4,572	1,168,051	30,191	1,198,242			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,209,233	591,163	1,329,134	4,129,530	(9,165)	4,120,365	(95,102)	4,025,263			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			100,299	100,299		100,299	30,190	130,489			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			14,935	14,935		14,935	138,126	153,061			32
33	Real Estate Taxes							109,122	109,122			33
34	Rent-Facility & Grounds			784,950	784,950		784,950	(784,950)				34
35	Rent-Equipment & Vehicles			5,036	5,036	9,165	14,201	2,941	17,142			35
36	Other (specify):*											36
37	TOTAL Ownership			905,220	905,220	9,165	914,385	(504,571)	409,814			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		110,546	9,513	120,059		120,059		120,059			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			64,056	64,056		64,056		64,056			42
43	Other (specify):* Non-Allowable			191,862	191,862		191,862	(191,862)				43
44	TOTAL Special Cost Centers		110,546	265,431	375,977		375,977	(191,862)	184,115			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,209,233	701,709	2,499,785	5,410,727		5,410,727	(791,535)	4,619,192			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(8,970)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(116)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(1,325)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(181,927)	43		24
25	Fund Raising, Advertising and Promotional	(5,250)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(2,000)	43		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(1,244)	43		28
29	Other-Attach Schedule See Attached Schedule F:	(85,049)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (285,881)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(505,654)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (505,654)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (791,535)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3
and 4? If so, they should be reclassified into Section E. Please
reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program	X		101	Ln39,Co2	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 101		47

ID#

0004861

Report Period Beginning:

1/01/2005

Ending:

12/31/2005

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Adjust Mgt. Co. medical supplies "A" to cost	\$ (24,700)	10	1
2	Adjust Mgt. Co. medical supplies "other" to cost	(16,382)	10	2
3	Adjust Mgt. Co. food to cost	(31,858)	2	3
4	Non-allowable professional fees	(11,359)	19	4
5	Non-allowable trust fees	(750)	43	5
6				6
7				7
8				8
9				9
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37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(85,049)		49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	100.00 %	Glen Oaks Nursing & Rehabilitation Centre,Ltd.	Northbrook	SEE ATTACHED SCHEDULE A		
		GlenCrest Nursing & Rehabilitation Centre,Ltd.	Chicago			
		GlenBridge Nursing & Rehabilitation Centre,Ltd.	Niles			
		GlenShire Nursing & Rehabilitation Centre,Ltd.	Richton Park			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V			\$			\$		1
2	V		Total from Page 6A	300,000	Glen Health and Home Management, Inc.	A	346,184	46,184	2
3	V								3
4	V		Total from Page 6B	784,950	Elston Real Estate & Development, L.L.C.	B	268,124	(516,826)	4
5	V								5
6	V		Total from Page 6C	239,810	Therapy Masters, Inc.	C	204,798	(35,012)	6
7	V								7
8	V				OWNERSHIP REFERENCE:				8
9	V				A - Owned 100.00 % by Sidney Glenner through attribution				9
10	V				B - Owned 60.00 % constructively by Sidney Glenner				10
11	V				C - Owned 60.00 % by Sidney Glenner 40.00% by Barry Ray				11
12	V								12
13	V								13
14	Total			\$ 1,324,760			\$ 819,106	\$ * (505,654)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Management Fees	\$ 300,000	Glen Health & Home Management, Inc.	A	\$	\$ (300,000)	15
16	V	5	Utilities		Glen Health & Home Management, Inc.	A	2,605	2,605	16
17	V	6	Repairs and Maintenance		Glen Health & Home Management, Inc.	A	2,287	2,287	17
18	V	19	Professional Fees		Glen Health & Home Management, Inc.	A	9,267	9,267	18
19	V	20	Licenses, Permits and Inspection		Glen Health & Home Management, Inc.	A	843	843	19
20	V	21	Clerical		Glen Health & Home Management, Inc.	A	15,758	15,758	20
21	V	22	Employee Benefits and Payroll		Glen Health & Home Management, Inc.	A	33,286	33,286	21
22	V	23	Training and Education		Glen Health & Home Management, Inc.	A	267	267	22
23	V	25	Auto Expenses		Glen Health & Home Management, Inc.	A	2,040	2,040	23
24	V	26	Insurance		Glen Health & Home Management, Inc.	A	1,468	1,468	24
25	V	32	Amortization of Mortgage Cost		Glen Health & Home Management, Inc.	A	57	57	25
26	V	30	Depreciation		Glen Health & Home Management, Inc.	A	14,092	14,092	26
27	V	33	Real Estate Taxes		Glen Health & Home Management, Inc.	A	5,013	5,013	27
28	V	35	Equipment and Vehicle Rental		Glen Health & Home Management, Inc.	A	2,941	2,941	28
29	V	6	Janitorial Salaries		Glen Health & Home Management, Inc.	A	1,943	1,943	29
30	V	17	Officer's Salaries		Glen Health & Home Management, Inc.	A	61,092	61,092	30
31	V	21	Administrative Salaries		Glen Health & Home Management, Inc.	A	119,920	119,920	31
32	V	21	Administrative Salaries		Glen Health & Home Management, Inc.	A	67,408	67,408	32
33	V	27	Employee Benefits		Glen Health & Home Management, Inc.	A	5,897	5,897	33
34	V	22	Employee Benefits		Glen Health & Home Management, Inc.	A	(33,286)	(33,286)	34
35	V	7	Employee Benefits - Janitorial		Glen Health & Home Management, Inc.	A	353	353	35
36	V	27	Employee Benefits - Officer's		Glen Health & Home Management, Inc.	A	7,939	7,939	36
37	V	27	Employee Benefits - Admin		Glen Health & Home Management, Inc.	A	24,994	24,994	37
38	V								38
39	Total			\$ 300,000			\$ 346,184	\$ * 46,184	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	43	Clerical	\$	Elston Real Estate & Development, L.L.C.	B	\$ 750	\$ 750	15
16	V	32	Interest Income		Elston Real Estate & Development, L.L.C.	B	(15,185)	(15,185)	16
17	V	32	Interest Expense		Elston Real Estate & Development, L.L.C.	B	159,025	159,025	17
18	V	34	Rental Income	784,950	Elston Real Estate & Development, L.L.C.	B		(784,950)	18
19	V	33	Real Estate Taxes		Elston Real Estate & Development, L.L.C.	B	104,109	104,109	19
20	V	32	Amortization of Mortgage Costs		Elston Real Estate & Development, L.L.C.	B	3,199	3,199	20
21	V	19	Professional Fees		Elston Real Estate & Development, L.L.C.	B	128	128	21
22	V	30	Depreciation		Elston Real Estate & Development, L.L.C.	B	16,098	16,098	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 784,950			\$ 268,124	\$ * (516,826)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a	Therapy	\$ 239,810	Therapy Masters, Inc.	C	\$ 163,454	\$ (76,356)	15
16	V	19	Professional Fees		Therapy Masters, Inc.	C	38	38	16
17	V	20	Licenses, Permits and Inspection		Therapy Masters, Inc.	C	136	136	17
18	V	20	Advertising - Help Wanted		Therapy Masters, Inc.	C	152	152	18
19	V	20	Employment Fees		Therapy Masters, Inc.	C	14,765	14,765	19
20	V	21	Clerical		Therapy Masters, Inc.	C	3,608	3,608	20
21	V	22	Employee Benefits and Payroll		Therapy Masters, Inc.	C	17,205	17,205	21
22	V	23	Training and Education		Therapy Masters, Inc.	C	727	727	22
23	V	25	Auto Expenses		Therapy Masters, Inc.	C	395	395	23
24	V	2	Food Purchase		Therapy Masters, Inc.	C	26	26	24
25	V	21	Clerical Salaries		Therapy Masters, Inc.	C	4,292	4,292	25
26	V	22	Employee Benefits		Therapy Masters, Inc.	C	(17,205)	(17,205)	26
27	V	15	Employee Benefits - Therapy		Therapy Masters, Inc.	C	16,789	16,789	27
28	V	27	Employee Benefits - Clerical		Therapy Masters, Inc.	C	416	416	28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 239,810			\$ 204,798	\$ * (35,012)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Elston Nursing & Rehab Centre # 0004861 Report Period Beginning: 1/01/2005 Ending: 12/31/2005

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Sidney Glenner	President	Administrative	100.00 %	156,546	6	10.0 %	Salary	\$ 17,455	Ln 17, Col 7	1
2	David Glenner	Vice President	Administrative	0.00 %	78,273	4	10.0 %	Salary	8,727	Ln 17, Col 7	2
3	Jonathan Glenner	Clerical	Clerical	0.00 %	26,759	4	10.0 %	Salary	2,984	Ln 21, Col 7	3
4	David Weinschneider	Administrative	Administrative	0.00 %	0	40	100.0 %	Salary	26,296	Ln 21, Col 7	4
5	Joshua Ray	V.P. of Operations	Administrative	0.00 %	198,017	4	10.0 %	Salary	17,455	Ln 17, Col 7	5
6	Barry Ray	Vice President	Administrative	0.00 %	156,546	4	10.0 %	Salary	17,455	Ln 17, Col 7	6
7											7
8											8
9											9
10											10
11		See Schedule B									11
12											12
13								TOTAL	\$ 90,372		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Elston Nursing & Rehab Centre# 0004861 Report Period Beginning: 1/01/2005 Ending: 2/31/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Glen Health & Home Management, Inc.
 Street Address 5454 West Fargo Avenue
 City / State / Zip Code Skokie, IL 60077
 Phone Number (847) 674-5454
 Fax Number (847) 674-8311

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Resident Days	403,179	5	\$ 25,964	\$	40,445	\$ 2,605	1
2	6	Repairs and Maintenance	Resident Days	403,179	5	22,798		40,445	2,287	2
3	19	Professional Fees	Resident Days	403,179	5	92,376		40,445	9,267	3
4	20	Licenses, Permits & Inspection	Resident Days	403,179	5	8,403		40,445	843	4
5	21	Clerical	Resident Days	403,179	5	157,085		40,445	15,758	5
6	22	Employee Benefits and Payroll	Resident Days	403,179	5	331,810		40,445	33,286	6
7	23	Training and Education	Resident Days	403,179	5	2,662		40,445	267	7
8	25	Auto Expenses	Resident Days	403,179	5	20,340		40,445	2,040	8
9	26	Insurance	Resident Days	403,179	5	14,632		40,445	1,468	9
10	32	Amortization of Mortgage Cost	Resident Days	403,179	5	573		40,445	57	10
11	30	Depreciation	Resident Days	403,179	5	140,479		40,445	14,092	11
12	33	Real Estate Taxes	Resident Days	403,179	5	49,976		40,445	5,013	12
13	35	Equipment and Vehicle Rental	Resident Days	403,179	5	29,318		40,445	2,941	13
14	6	Janitorial Salaries	Resident Days	403,179	5	19,371	19,371	40,445	1,943	14
15	17	Officer's Salaries	Resident Days	403,179	5	609,000	609,000	40,445	61,092	15
16	21	Administrative Salaries	Resident Days	403,179	5	1,195,427	1,195,427	40,445	119,920	16
17	21	Administrative Salaries	Direct Cost			67,408	67,408		67,408	17
18	27	Employee Benefits	Direct Cost			5,897			5,897	18
19	22	Employee Benefits	Payroll						(33,286)	19
20	7	Employee Benefits - Janitorial	Payroll						353	20
21	27	Employee Benefits - Officer's	Payroll						7,939	21
22	27	Employee Benefits - Admin	Payroll						24,994	22
23										23
24										24
25	TOTALS					\$ 2,793,519	\$ 1,891,206		\$ 346,184	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Bank One, N.A.		X	Mortgage	\$27,810.37	11/4/1998	\$ 3,000,000	\$ 2,010,917	12/31/2012	0.0750	\$ 159,025	1	
2	Bank One, N.A.		X	Amortization of mortgage costs							3,199	2	
3												3	
4							Mortgage interest allocated from Management Company:				57	4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related				\$27,810.37		\$ 3,000,000	\$ 2,010,917			\$ 162,281	9	
	B. Non-Facility Related*												
10							Interest Income Offset:				(9,220)	10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (9,220)	14	
15	TOTALS (line 9+line14)						\$ 3,000,000	\$ 2,010,917			\$ 153,061	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2004 report.				\$	99,0001
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	98,6702
3. Under or (over) accrual (line 2 minus line 1).				\$	(330)3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	102,0004
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.					
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	101,6707
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2000	96,383	8	
		2001	98,889	9	
		2002	100,688	10	
		2003	96,526	11	
		2004	98,670	12	
See Attached Schedule G For Calculation Of 2005 Real Estate Tax Accrual.				13	FROM R. E. TAX STATEMENT FOR 2004 \$13
				14	PLUS APPEAL COST FROM LINE 5 \$14
				15	LESS REFUND FROM LINE 6 \$15
				16	AMOUNT TO USE FOR RATE CALCULATION \$16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAMEElston Nursing & Rehab CentreCOUNTYCook

FACILITY IDPH LICENSE NUMBER0004861

CONTACT PERSON REGARDING THIS REPORTCharles J. Fischer

TELEPHONE(312) 634-4580FAX #:(312) 634-5518

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 13-15-404-035-0000	4340 North Keystone, Chicago IL	\$ 98,669.73	\$ 98,669.73
2. Allocated from Management Company:		\$ 49,976.00	\$ 5,013.00
3. Storage Building	4352 North Keystone, Chicago IL	\$ 16,450.40	\$ 2,439.00
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 165,096.13	\$ 106,121.73

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:

28,220

B. General Construction Type:

Exterior

Brick

Frame

Concrete and Steel

Number of Stories

Three

C. Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

ELSTON REAL ESTATE & DEVELOPMENT LLC OWNS A BUILDING AT 4352 N. KEYSTONE. THIS BUILDING IS NOT ON THE GROUNDS OF THE NURSING HOME NOR ADJACENT TO IT. THERE IS AN UNRELATED BUSINESS BETWEEN THE NURSING HOME AND THE 4352 N. KEYSTONE BUILDING. THE 4352 BUILDING IS USED BY THE NURSING HOME FOR STORAGE OF ITS' SUPPLIES AND EQUIPMENT AND ALSO BY AN ENTITY CALLED DOLLAR-RIFFIC DISCOUNTS ELSTON LLC THAT IS OWNED BY SIDNEY GLENNER.

TOTAL SQUARE FEET 8,777, SQUARE FEET USED BY THE NURSING HOME 1,260.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Patient Care	32,580	1971	\$ 40,000	1
2	Allocated from Management Company:			7,611	2
3	TOTALS	32,580		\$ 47,611	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Elston Nursing & Rehab Centre

0004861

Report Period Beginning:

1/01/2005

Ending:

12/31/2005

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	117		1971		\$ 1,178,900	\$	30	\$	\$	\$ 1,178,900	4
5											5
6	Alloc from				162,210			4,769	4,769		6
7	Mgt Comp										7
8	ScheduleJ										8
	Improvement Type**										
9	Communication system		1975		8,549		8			8,549	9
10	Fire door and wiring		1976		10,293		20			10,293	10
11	Sprinkler system and electrical wiring		1977		1,055		10			1,055	11
12	Roof project		1979		8,360		10			8,360	12
13	Sprinkler system		1980		48,000		20			48,000	13
14	Water heater		1980		886		10			886	14
15	Cabinets and countertops		1981		5,386		10			5,386	15
16	Circuit breakers		1983		5,209		10			5,209	16
17	Building Improvements		1984		18,074		10			18,074	17
18	Building Improvements		1985		19,017		10			19,017	18
19	Building Improvements		1986		18,152		10			18,152	19
20	Building Improvements		1987		17,392		10			17,392	20
21	Building Improvements		1988		18,417		10			18,417	21
22	Building Improvements		1990		11,795		10			11,795	22
23	Building Improvements		1990		4,243		10			4,243	23
24	Building Improvements		1991		19,999		10			19,999	24
25	Building Improvements		1992		18,921		10			18,921	25
26	Building Improvements		1993		53,703		10			53,703	26
27	Building Improvements		1994		10,073		10			10,073	27
28	Building Improvements		1995		48,617	1,620	10	1,620		48,617	28
29	Wall fittings		1997		1,828	183	10	183		1,586	29
30	Concrete ramp		1997		1,480	148	10	148		1,283	30
31	Building Improvements		1995		37,112		10	4,949	4,949	37,112	31
32	Sprinkler system		1996		3,000		10	300	300	2,600	32
33	Nurses call station		1996		3,641		10	364	364	3,155	33
34	Door holders		1997		1,334	134	10	134		1,160	34
35	Install circuits and outlets		1997		2,500	250	10	250		2,167	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Elston Nursing & Rehab Centre

0004861

Report Period Beginning:

1/01/2005

Ending:

12/31/2005

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Fencing	1997	\$ 2,560	\$ 256	10	\$ 256	\$	\$ 2,219	37
38	New brick chimney	1997	11,743	1,174	10	1,174		10,176	38
39	Install new sprinkler system	1997	2,685	269	10	269		2,331	39
40	Install alarm system	1997	2,082	208	10	208		1,803	40
41	Brick replacement - chimney	1998	5,330	533	10	533		4,086	41
42	Access control system with back-up power supply	1998	1,318	132	10	132		1,011	42
43	High pressure sodium fixtures	1998	1,900	190	10	190		1,457	43
44	Install door alarm on all three floors	1998	6,515	651	10	651		4,341	44
45	Sprinkler system for all three floors	1999	9,167	917	10	917		6,113	45
46	Fire dampers installation	1999	3,220	322	10	322		2,147	46
47	Fire alarm equipment	1999	8,000	800	10	800		5,333	47
48	Fire alarm equipment	1999	12,000	1,200	10	1,200		8,000	48
49	Concrete	1998	1,755	176	10	176		1,172	49
50	Install gate	1999	1,600	160	10	160		1,067	50
51	Fireproofing	1999	2,250	225	10	225		1,500	51
52	Relocate and rewire nurses call station	1999	2,500	250	10	250		1,667	52
53	Fire dampers installation	1999	2,062	206	10	206		1,374	53
54	Relocate boxes to 8'	1999	1,000	100	10	100		667	54
55	Fire dampers installation	1999	800	80	10	80		533	55
56	Installation of exhaust pipe for the laundry room	1998	1,300	130	10	130		867	56
57	Extend iron railings	1998	1,250	125	10	125		833	57
58	Relocate and rewire nurses call station	1999	8,800	880	10	880		5,867	58
59	Sprinkler system for all three floors	1999	9,000	900	10	900		6,000	59
60	Sprinkler system for all three floors	1999	9,333	933	10	933		6,221	60
61	Install flow switch	2000	2,300	230	10	230		1,265	61
62	Handrails, bumper guards, corner guards & accent rails	2000	4,655	466	10	466		2,563	62
63	Acoustical ceilings, grid system, lamps & exit signs	2000	29,826	2,982	10	2,982		16,401	63
64	Handrails, bumper guards, corner guards & accent rails	2000	20,387	2,038	10	2,038		11,209	64
65	Fire alarm system	2000	48,484	4,848	10	4,848		26,664	65
66	Vinyl tile installation, floor patches & stripwood	2000	6,928	692	10	692		3,806	66
67	Install handrails, bumpers, chairrails & corner guards	2000	2,600	260	10	260		1,430	67
68	Floor tiles, floor patches, cove base installation	2000	6,319	632	10	632		3,953	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,967,815	\$ 25,300		\$ 35,682	\$ 10,382	\$ 1,718,180	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Elston Nursing & Rehab Centre

0004861

Report Period Beginning:

1/01/2005

Ending:

12/31/2005

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,967,815	\$ 25,300		\$ 35,682	\$ 10,382	\$ 1,718,180	1
2	<u>Carpeting, vinyl tiles & cove base installation</u>	2000	11,028	1,102	10	1,102		6,061	2
3	<u>Bernardsville border</u>	2000	1,575	158	10	158		869	3
4	<u>Install ground clamps, remove water meter, inst. phone wires</u>	2000	1,669	166	10	166		913	4
5	<u>Emerson wall fit</u>	2000	1,988	198	10	198		1,089	5
6	<u>Inspect & install air-conditioner power in 3 rooms</u>	2000	1,810	182	10	182		1,001	6
7	<u>Concrete & piping work</u>	2000	2,550	255	10	255		1,403	7
8	<u>Nurses station</u>	2000	11,070	1,107	10	1,107		6,089	8
9	<u>Furnish & install new steel door</u>	2000	1,875	188	10	188		1,034	9
10	<u>Install shower valve units and faucets</u>	2000	2,904	290	10	290		1,595	10
11	<u>Furnish & install doors</u>	2000	22,723	2,272	10	2,272		12,496	11
12	<u>Elevator project</u>	2000	1,600	160	10	160		880	12
13	<u>Asphalt paving in parking lot, new catch basin</u>	2000	57,945	5,794	10	5,794		31,867	13
14	<u>Advantage Mechanical project</u>	2000	6,500	650	10	650		3,575	14
15	<u>Custom wardrobes</u>	2001	7,438	744	10	744		3,348	15
16	<u>Remove lobby wall and install ceiling</u>	2001	13,864	1,386	10	1,386		6,237	16
17	<u>Install and clean out passenger elevator pump</u>	2001	3,750	375	10	375		1,688	17
18	<u>Sprinkler system heads</u>	2001	2,750	275	10	275		1,238	18
19	<u>Tile project</u>	2001	2,983	298	10	298		1,341	19
20	<u>New entrance addition project</u>	2001	20,000	2,000	10	2,000		9,000	20
21	<u>Cabinets and shelving</u>	2001	1,841	184	10	184		828	21
22	<u>Custom wardrobes</u>	2001	11,123	1,112	10	1,112		5,004	22
23	<u>Illinois Improvement project</u>	2002	12,223	1,222	10	1,222		4,277	23
24	<u>Furnish and install automatic door equipment</u>	2002	13,378	1,338	10	1,338		4,683	24
25	<u>Lighting for entrance</u>	2002	3,500	350	10	350		1,225	25
26	<u>Grout and mortar for ceramic wall tile</u>	2002	3,137	314	10	314		1,099	26
27	<u>Wallcovering installation</u>	2002	21,647	2,165	10	2,165		7,577	27
28	<u>Wallcovering, carpeting, cove base, window treatments</u>	2002	99,900	9,990	10	9,990		35,356	28
29	<u>Awning</u>	2002	5,850	585	10	585		2,047	29
30	<u>Affiliated Customer Service project</u>	2002	1,160	116	10	116		406	30
31	<u>Affiliated Customer Service project</u>	2002	1,995	200	10	200		700	31
32	<u>Electrical project</u>	2002	2,860	286	10	286		1,001	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,322,451	\$ 60,762		\$ 71,144	\$ 10,382	\$ 1,874,107	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Elston Nursing & Rehab Centre

0004861

Report Period Beginning:

1/01/2005

Ending:

12/31/2005

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,322,451	\$ 60,762		\$ 71,144	\$ 10,382	\$ 1,874,107	1
2	Installation of one convex awning	2002	3,800	380	10	380		1,330	2
3	Elevator modernization project	2003	27,800	2,780	10	2,780		6,950	3
4	Installation of new 100amp elevator feeder line	2003	3,000	300	10	300		750	4
5	HVAC wall unit project	2003	1,200	120	10	120		300	5
6	Elevator modernization project	2004	3,000	300	10	300		450	6
7	Patch, seal and coat roof	2004	2,150	215	10	215		323	7
8	Fire protection project	2004	1,435	144	10	144		216	8
9	Installation of camera and alarm for patio door	2004	1,952	195	10	195		293	9
10	Replace upper tube on leaking boiler	2004	1,063	106	10	106		159	10
11	Installation of solid state drive assembly for elevator door	2004	1,180	118	10	118		177	11
12	Adjust restrictor on passenger elevator	2004	1,366	137	10	137		205	12
13	Storage Building	2004	58,947	1,965	30	1,965		3,930	13
14	Install pipe railing connections	2005	9,600	480	10	480		480	14
15	Furnish and install new roller guides to elevator	2005	3,450	173	10	173		173	15
16	Furnish and install vertical rod devices	2005	2,246	112	10	112		112	16
17	Install new carpet, border, cove base and reducer	2005	10,303	515	10	515		515	17
18	Remove and install new detector edge on elevator	2005	1,850	93	10	93		93	18
19	Build and install custom wardrobes with drawers	2005	38,868	1,943	10	1,943		1,943	19
20	Installed patch and 2 couplings in hot water storage tank	2005	1,293	65	10	65		65	20
21									21
22									22
23									23
24									24
25	Allocated from Management Company:		13,128			1,422	1,422	8,937	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,510,082	\$ 70,903		\$ 82,707	\$ 11,804	\$ 1,901,508	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$313,226	\$31,323	\$31,323	\$	10 years	\$180,324	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	300,989	8,500	8,500		5,7,8,10yrs	300,989	73
74	Allocated from Management Co:	53,194		6,454	6,454		52,488	74
75	TOTALS	\$667,409	\$39,823	\$46,277	\$6,454		\$533,801	75

D. Vehicle Depreciation (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76	Patient Care	1989 Pontiac	1989	\$12,418	\$	\$	\$	3 years	\$12,418
77	Patient Care	1993 Plymouth Van	1993	23,600				3 years	23,600
78									78
79	Allocated from Management Company:			12,460		1,505	1,505		9,867
80	TOTALS			\$48,478	\$	\$1,505	\$1,505		\$45,885

E. Summary of Care-Related Assets				1	2
		Reference			Amount
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$3,273,580
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$110,726
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$130,489
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$19,763
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$2,481,194

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)				
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4
86		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
95		\$

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
- N/A
N/A

9. Option to Buy:
- ☐ YES☐ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES☒ NO
16. Rental Amount for movable equipment: \$6,470
- Description: Copier \$3,420, Ice-maker \$1,238, Postage meter \$378, Management Co Allocation \$1,434
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Administrative	2001 Toyota Camry	\$311.00	\$1,528	17
18	Administrative	2001 Toyota Sienna	360.00	2,240	18
19	Administrative	2005 Chrysler Town	350.00	2,638	19
20	Administrative	2005 Jeep Cherokee	394.00	2,759	20
21	TOTAL		\$#####	\$9,165	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	\$
13.	/2007	\$
14.	/2008	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

It is the policy of this facility to hire only certified nurses aides.
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

In the box below record the amount of income your facility received training CNAs from other facilities.

		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

12345678										
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 2&3	hrs	\$	1,611	\$ 87,385	\$ 227	1,611	\$ 87,612	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		197	15,474		197	15,474	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		2,286	136,951	501	2,286	137,452	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescrpts				110,445		110,445	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	Ln 39, Col 2					101		101	12
13	Radiology and Laboratory Other (specify): Respiratory Therapy	Ln 39, Col 3 Ln10a, Col 3			22	9,513 1,123		22	9,513 1,123	13
14	TOTAL			\$	4,116	\$ 250,446	\$ 111,274	4,116	\$ 361,720	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 744,275	\$ 963,203	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 283,100)	1,557,460	1,557,460	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	64,809	64,809	6
7	Other Prepaid Expenses	6,702	6,702	7
8	Accounts Receivable (owners or related parties)	(60,006)		8
9	Other(specify): Rent Receivable/Accr Rent	(719,845)		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,593,395	\$ 2,592,174	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		47,611	13
14	Buildings, at Historical Cost		1,341,110	14
15	Leasehold Improvements, at Historical Cost	830,061	1,168,972	15
16	Equipment, at Historical Cost	675,057	715,887	16
17	Accumulated Depreciation (book methods)	(989,023)	(2,481,194)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe Deposits	29,533	29,533	22
23	Other(specify): Mortgage Costs (Net)		25,169	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 545,628	\$ 847,088	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,139,023	\$ 3,439,262	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 119,939	\$ 119,939	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	171,991	171,991	30
31	Accrued Taxes Payable (excluding real estate taxes)	1,140	1,140	31
32	Accrued Real Estate Taxes(Sch.IX-B)		102,000	32
33	Accrued Interest Payable		12,987	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule E:	134,795	134,795	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 427,865	\$ 542,852	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		2,010,917	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 2,010,917	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 427,865	\$ 2,553,769	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,711,158	\$ 885,493	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,139,023	\$ 3,439,262	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,722,746	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,722,746	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	351,412	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(363,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (11,588)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,711,158	24

* Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 5,318,180	1
2	Discounts and Allowances for all Levels	(554,465)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,763,715	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	525,225	6
7	Oxygen	75,634	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 600,859	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	124,963	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	86,910	19
20	Radiology and X-Ray	1,560	20
21	Other Medical Services	150,738	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 364,171	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	8,970	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 8,970	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Private Bedhold Income	2,806	28
28a	Public Aid Bedhold Income	21,618	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 24,424	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,762,139	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	864,823	31
32	Health Care	2,101,228	32
33	General Administration	1,163,479	33
	B. Capital Expense		
34	Ownership	905,220	34
	C. Ancillary Expense		
35	Special Cost Centers	311,921	35
36	Provider Participation Fee	64,056	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,410,727	40
41	Income before Income Taxes (line 30 minus line 40)**	351,412	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 351,412	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,103	2,310	\$ 81,959	\$ 35.48	1
2	Assistant Director of Nursing	2,010	2,115	57,334	27.11	2
3	Registered Nurses	15,535	16,132	379,799	23.54	3
4	Licensed Practical Nurses	15,056	16,076	294,611	18.33	4
5	CNAs & Orderlies	61,286	66,075	651,012	9.85	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,700	6,117	58,668	9.59	10
11	Social Service Workers	2,292	2,434	25,948	10.66	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	6,127	6,683	64,154	9.60	14
15	Cook Helpers/Assistants	12,206	13,235	125,891	9.51	15
16	Dishwashers					16
17	Maintenance Workers	4,311	4,599	48,007	10.44	17
18	Housekeepers	8,380	9,463	92,732	9.80	18
19	Laundry	4,135	4,779	44,802	9.37	19
20	Administrator	2,029	2,290	103,163	45.05	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,683	6,014	72,828	12.11	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,517	1,734	26,321	15.18	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Ward Clerks</u>	4,195	4,603	82,004	17.82	33
34	TOTAL (lines 1 - 33)	152,565	164,659	\$ 2,209,233 *	\$ 13.42	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 16,000	Ln 1, Col 3	35
36	Medical Director	Monthly	20,400	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,920	Ln10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,280	Ln11, Col 3	44
45	Social Service Consultant	117	5,851	Ln12, Col 3	45
46	Other(specify)				46
47	<u>Religious Consultant</u>	Monthly	400	Ln12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	165	\$ 46,851		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description		Amount	Description		Amount
Steven Schayer	Administrator	0.00 %	\$ 103,163	Workers' Compensation Insurance		\$ 31,267	IDPH License Fee		\$
				Unemployment Compensation Insurance		36,282	Advertising: Employee Recruitment		726
				FICA Taxes		170,884	Health Care Worker Background Check		
				Employee Health Insurance		55,535	(Indicate # of checks performed 32)		320
				Employee Meals		13,737	Illinois Council on Long Term Care Dues		6,365
				Illinois Municipal Retirement Fund (IMRF)*			Employment Fees		8,001
				Chicago Head Tax		4,390	City of Chicago Permits and Inspections		3,085
				Union Health and Welfare		34,140	Secretary of State, Polish Daily News		179
				Union Pension		18,606	Allocated from Therapy Masters, Inc.		15,053
				401K Match		5,158	Allocated from Management Company:		843
				Profit Sharing		13,751	Less: Public Relations Expense		()
				Other Employee Benefits		4,084	Non-allowable advertising		()
				See Attached Schedule D:		0	Yellow page advertising		()
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						\$ 103,163	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 34,572
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description		Line #	Description		Amount
Management Fees (eliminated in Column 7)			\$ 300,000				Out-of-State Travel		\$
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				\$ 300,000					
C. Professional Services									
Vendor/Payee	Type		Amount						
Health Data Systems, Inc.	Computers		\$ 3,553						
Advanced Answers on Demand	Computers		2,155						
Kronos	Computers		1,456						
IIT Sourcetek	Computers		600						
Maxxsource Computers	Computers		256						
American Express Tax Services	Accounting		11,684						
Frost, Ruttenberg & Rothblatt	Accounting		375						
Sachnoff & Weaver, Ltd.	Legal		2,728				Seminar Expense		
Myers, Miller & Krauskopf	Legal		20,948						
Ira I. Silverstein	Legal		2,400						
Commitment Consulting	A/R Collections		99						
Personnel Planners, Inc.	Unemployment Consulting		1,755				Entertainment Expense		()
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)		\$

*** Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT**

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Illinois Council on Long Term Care \$6,365
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? N/A
What was the average life used for new equipment added during this period? N/A
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 9,896 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 64,056
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 13,737 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? N/A
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

Glen Elston Nursing and Rehabilitation Centre, Ltd.
12/31/2005
Provider I.D. # 0004861

SCHEDULE A

SCHEDULE VII. RELATED PARTIES
Part A. Col.3

3 OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
Glen Health & Home Management, Inc.	Skokie	Management Company
GlenBar Management Company, Ltd.	Skokie	Management Company
Elston Real Estate & Development LLC	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Company
Therapy Masters	Skokie	Therapy company
VNA Home Health of Illinois, Ltd.	Skokie	Home Health agency
VNA Private Duty of Illinois, Ltd.	Skokie	Home Health agency

See Accountants' Compilation Report

Glen Elston Nursing and Rehabilitation Centre, LTD.
Provider #0004861
12/31/2005

SCHEDULE B

SCHEDULE VII RELATED PARTIES

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

Name	Compensation Received From Other Nursing Homes				Total
	GlenBridge Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenShire Nursing & Rehab. Centre, Ltd.	
Sidney Glenner	37,885	39,710	44,535	34,416	156,546
David Glenner	18,942	19,855	22,268	17,208	78,273
Jonathan Glenner	6,476	6,788	7,612	5,883	26,759
David Weinschneider	0	0	0	0	0
Joshua Ray	37,885	81,181	44,535	34,416	198,017
Barry Ray	37,885	39,710	44,535	34,416	156,546
Total compensation received from other Nursing Homes	139,073	187,244	163,485	126,339	616,141

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XIX. SUPPORT SCHEDULES

SCHEDULE C

C. Professional Services
Page 21

DESCRIPTION	AMOUNT
Total Schedule V, Line 19, Col. 3	48,009
Allocated from Management Co:	
Health Data Systems, Inc. - Computer Services	211
American Express Tax Services - Accounting Services	8,877
Frost, Roth & Ruttenberg - Accounting Services	103
Littler Mendelson - Legal Services	77
Total allocated from Management Co.	9,267
Non-Allowable Expenses:	
Ira I. Silverstein - A/R Collections	-2,400
Commitment Consulting - A/R Collections	-99
American Express Tax Services	-8,732
Total Non-Allowable Expenses:	-11,231
Allocated from Elston Real Estate LLC:	
Sachnoff & Weaver - Legal	128
Non-Allowable Expenses:	
Sachnoff & Weaver - Legal	-128
Total allocated from Therapy Masters, Inc.	38
Total adjustments page 21, Sch C.	-1,926
Total Schedule V, line 19, column 8	46,083

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SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
Page 21

DESCRIPTION	AMOUNT
Allocated from Management Co.	
FICA taxes	17,582
FUTA	290
SUTA	1,630
Profit Sharing	2,593
Insurance - Hospital	15,056
Other Employee Benefits	542
Workers Compensation Insurance	514
401K Match	938
Employee Benefits	38
Total allocated from Management Co.	39,183
Allocated Employee Benefits to Line #'s 7,27	(39,183)
Allocated from Therapy Masters, Inc.	
FICA taxes	11,767
FUTA	277
SUTA	593
Profit Sharing	766
Insurance - Hospital	2,146
Other Employee Benefits	310
Workers Compensation Insurance	465
401K Match	835
Uniform Allowance	46
Total allocated from Therapy Masters, Inc.	17,205
Allocated Employee Benefits to Line #'s 15,27	(17,205)
Total allocated to Page 21	0

Glen Elston Nursing and Rehabilitation Centre, Ltd.
Provider # 0004861
12/31/2005

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

DESCRIPTION	AMOUNT
Accrued Union Dues	1,617
Refunds Exchange	(39,967)
Estimated Medicare Settlement	30,100
Accrued Profit Sharing	25,000
Due to Third Party	117,996
Due Con. Mutual	49
Total, Page 17, Line36	<u>134,795</u>

See Accountants' Compilation Report

Glen Elston Nursing and Rehabilitation Centre, LTD
Provider # 0004861
12/31/2005

SCHEDULE F

PAGE 5, SCHEDULE VI. ADJUSTMENT DETAIL
Schedule A. Nonallowable Expenses
Line 29 - Other Non-allowable costs

Description	Amount	Reference
Non-allowable trust fees	(750)	43
Non-allowable professional fees	(11,359)	19
Adjust Mgt. Co. Med Supplies - Med 'A' to cost	(24,700)	10
Adjust Mgt. Co. Med Supplies - 'Other' to cost	(16,382)	10
Adjust Mgt. Co. Food to cost	<u>(31,858)</u>	2
Total	<u><u>(85,049)</u></u>	

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Glen Elston Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2005

SCHEDULE G

	Accrued 1/01/05	Payments	Expense	Accrued 12/31/05
Balance @ 1/01/2005	(99,000.00)		(99,000.00)	
2004 real estate taxes paid		98,669.73	98,669.73	
Estimated 2005 real estate taxes				
2004 taxes	98,669.73			
Estimated increase	2.50 %			
Estimated 2005 taxes	101,136.47			
USE	102,000.00		102,000.00	(102,000.00)
Totals	(99,000.00)	98,669.73	101,669.73	(102,000.00)

Real estate tax history:				
	Year	Amount	\$	Increase %
	1992	91,814.91		
	1993	93,402.35	1,587.44	1.73%
	1994	96,722.55	3,320.20	3.55%
	1995	98,066.80	1,344.25	1.39%
	1996	100,479.72	2,412.92	2.46%
	1997	102,957.90	2,478.18	2.47%
	1998	104,785.68	1,827.78	1.78%
	1999	104,082.35	(703.33)	-0.67%
	2000	96,382.57	(7,699.78)	-7.40%
	2001	98,889.28	2,506.71	2.60%
	2002	100,687.92	1,798.64	1.82%
	2003	96,525.62	(4,162.30)	-4.13%
	2004	98,669.73	2,144.11	2.22%

See Accountants' Compilation Report

Provider Name: Glen Elston Nursing & Rehab Center
Provider I.D. #: 0004861
Year Ended: December 31, 2005

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Connie Neesan	1/19/05	Facility	Sanisafe - Sanitation training	75
Connie Neesan	3/2/05	Facility	Linda Roberts & Assoc. Dietary Sanitation	65
Charlene Wells, Steven Schayer	3/17/05	Lincolnwood	Illinois Council on Long Term Care Crisis Management: Legal & Media Response	190
Elsa Gonzales, Vivian Inglesby	4/13/05	Lincolnwood	Illinois Council on Long Term Care New Guidelines For Pressure Ulcer Treatment	190
Elsa Gonzales	9/7/05	Lincolnwood	Illinois Council on Long Term Care In-Depth Training for Wound Care Nurses	145
Patricia Mohr	8/28/05	Chicago	ATA Activities Kick-off Seminar	60
Nursing Staff	8/31/05	Facility	Pulmonary Exchange Tracheostomy Care	65
Elsa Gonzales, Vivian Inglesby	9/21/05	Lincolnwood	Illinois Council on Long Term Care Complying with the New OBRA Continence Requirement	190
Connie Neesan	10/17/05	Facility	Cynthia Chow & Associates Dietary training	185
Elsa Gonzales, Steven Schayer	10/21/05	Lincolnwood	Illinois Council on Long Term Care Medicare Part D Prescription Drug Benefit	190
Nursing Staff	10/6/05	Facility	Pulmonary Exchange Tracheostomy Care	130
			Allocated From Management Company	267
			Allocated From Therapy Masters	727
Total		SEE ACCOUNTANTS' COMPILATION REPORT		2,479

Glen Elston Nursing and Rehabilitation Centre, LTD.
Provider #0004861
12/31/2005

SCHEDULE I

Page 3, Schedule V, Line 25, Col 8
Other Admin. Staff Transportation

	Gasoline	Repairs	Mileage Reimbursement	Total
Direct Expense	5,107	562	204	5,873
Allocated from Therapy Masters, Inc.				395
Allocated from Management Company				2,040
TOTAL	<u>5,107</u>	<u>562</u>	<u>204</u>	<u>8,308</u>

See Accountants' Compilation Report

HEALTH AND HOME MANAGEMENT, INC
ALLOCATION OF MANAGEMENT COMPANY BUILDING

SCHEDULE J

ASSET DESCRIPTION	COST 6/30/1999	ADJUSTMENTS TO CAPITAL PROJECTION	ADJUSTED CAPITAL PROJECTION 6/30/1999	ADDITIONS 7/1/99- 12/31/2000	COST 12/31/2000	NURSING HOME PERCENTAGE 84.9438%	GLENBRIDGE 103,052/460,292 0.223883969	GLENCREST 111,372/460,292 0.241959452	GLEN OAKS 101,895/460,292 0.221370348	GLEN ELSTON 41,220/460,292 0.08955185	GLENSHIRE 102,753/460,292 0.223234382
1996 BUILDING PURCHASE	230,000		230,000		230,000	195,371	43,740	47,272	43,249	17,496	43,613
1998 BUILDING RENOVATION											
GENERAL CONTRACTOR	957,570		957,570		957,570						
ELECTRICAL CONTRACTOR	275,576		275,576		275,576						
HVAC CONTRACTOR	182,130		182,130		182,130						
PLUMBING CONTRACTOR	68,599		68,599		68,599						
ARCHITECT FEES	115,968		115,968		115,968						
OTHER FEES AND PERMITS	33,024		33,024		33,024						
SECURITY SYSTEM	17,953		17,953		17,953						
TELEPHONE SYSTEM	12,500		12,500		12,500						
MISC. BUILDING COMPONENTS	24,226		24,226		24,226						
CAPITALIZED INTEREST	121,387	-15,261	106,126		106,126						
LANDSCAPING	30,000		30,000		30,000						
SPRINKLER SYSTEM	10,720		10,720		10,720						
HVAC SYSTEMS	24,749	-24,749	0								
WALL CONSTRUCTION	10,235	-10,235	0								
ELECTRICAL	10,634	-10,634	0								
MISC. IMPROVEMENTS	26,075	-26,075	0								
ASPHALT DRIVEWAY	5,900	-5,900	0								
					1,834,392	1,558,202	348,857	377,022	344,940	139,540	347,844
1999 ACCORD ELECTRIC				17,929	17,929						
HMS + ASSOCIATES-INTERIOR				31,505	31,505						
SAM MORMINO-LANDSCAPING				1,050	1,050						
ARCHITECTURAL DYNAMICS-ARCHITECT FEES				1,468	1,468						
MISC.				11,076	11,076						
					63,028	53,538	11,986	12,954	11,852	4,794	11,952
2000 AQUATIC WORKS - BUILT-IN FISH TANK				5,000	5,000	4,247	951	1,028	940	380	948
2001 NO ADDITIONS											
2002 NO ADDITIONS											
2003 NO ADDITIONS											
2004 NO ADDITIONS											
2005 NO ADDITIONS											
					2,132,420	1,811,359	405,534	438,276	400,981	162,210	404,357

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